

Maesteg Urban District Council

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MEDICAL OFFICER OF HEALTH
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ANNUAL REPORT

Of the
MEDICAL OFFICER
OF HEALTH

For the Year

1946

Alfred Amdor, M.B., Ch.B., D.P.H.

Medical Officer of Health

MAESTEG URBAN DISTRICT COUNCIL.

Annual Report

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By

ALFRED AMDOR, M.B., Ch.B., D.P.H.

Medical Officer of Health ;

Medical Superintendent of the Maternity Home ;

„ „ „ Isolation Hospital ;

Assistant School Medical Officer to the Glamorgan County Council

and

D. M. THOMAS, M.R.I.P.H.H., A.R.San.I.

Chief Sanitary Inspector.

MEMBERS OF THE COUNCIL.

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Solicitor—Clerk to the Council : Mr. A. KING-DAVIES

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Medical Officer of Health ; Medical Superintendent of the Maternity Home and of the Isolation Hospital (Part Year) :

RALPH W. H. THOMAS, M.R.C.S., L.R.C.P.

Medical Officer of Health ; Medical Superintendent of the Maternity Home and of the Isolation Hospital and Assistant County School Medical Officer (Part Year) :

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Cert. R.S.I., and Meat & Foods Cert.
R.S.I., General Hygiene Diploma (Adv.) and
School Hygiene Diploma, Institute of Hygiene.

IVOR DAVIES, B.Sc., Sanitary Inspector
Cert. R.S.I., and Meat & Foods Cert. R.S.I.

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Miss M. B. OWEN, S.R.N., S.C.M. (Part Year)
Miss N. G. LLOYD, S.R.N., S.C.M. (Part Year)

Matron of the Maternity Home :

Miss M. A. WELCH, S.R.N., S.C.M.

Matron of the Isolation Hospital :

Miss M. A. CELYN-JONES, S.R.N., R.F.N.

Clerks :

Mr. WINSTON JONES (Part Year)
Mrs. DORIS JONES
Mr. DENIS LLOYD CURTIS (Part Year)

Public Health Department,
Town Hall,
Maesteg.

December 1947.

*To the Chairman and Members of the Maesteg
Urban District Council.*

Gentlemen,

It becomes my duty to prepare for publication the Annual Report for 1946, during which year the post of Medical Officer of Health was filled firstly, in a part-time capacity by Dr. Ralph Thomas, and from August 1946 onwards, by Dr. E. W. Kinsey, in a full-time capacity. The appointment of the latter as the first full-time Medical Officer of Health to this district, creates a landmark in the Public Health history of Maesteg. Thus, this Urban District now takes its rightful place alongside the numerous other Local Authorities who have followed the original example of the Liverpool Corporation in 1846, of appointing Dr. William Henry Duncan, a name famous in Public Health history, as the first full-time Medical Officer of Health in the United Kingdom. "Time Marches On." May all future Medical Officers of Health in this district, keep ever before them the example of Duncan and continue his struggle to improve the health of the community.

Not having partaken at all in the work of the Public Health Department during the year under review, I cannot regard this publication with real paternal pride, but have the feeling of a dutiful step-father, in clothing and nourishing his legal offspring to the best of his ability ; able to give affection to the child, but incapable of any real satisfying emotion towards this individual, not entirely of his own creation. Therefore, in the compilation of this report, all my information on local matters has had to be acquired from the heads of the sub-departments, and of the Council institutions and various other Council and outside sources.

I now briefly summarize under various headings, the multiple activities of the Public Health Department during 1946 with any appropriate remarks.

VITAL STATISTICS. The figure for the population of the district was returned as 22,660, by the Registrar General's Office.

During 1946, the total births numbered 500, representing a birth rate of 22.1.

Deaths from all causes numbered 255, representing a death rate of 11.25.

CHILD WELFARE ACTIVITIES. The statistics of this department emphasise the intimate contact that is maintained by the Health Visitors with all mothers and babies. Each child is visited as soon after its birth as possible, and the frequency of the revisit depends upon the progress of the child and the home conditions.

The total number of attendances at all Infant Welfare Clinics was 4,897. The total number of visits paid to expectant mothers and infants in their own homes amounted to 5,509.

MATERNITY SERVICES. The total number of 101 visits were paid to expectant mothers in their own homes, and 364 women made use of the facilities at the Ante-Natal Clinics held at Church Street Clinic.

During November 1946, Dr. Kinsey introduced some changes and improvements into the Council's Maternity Home, viz. : He reduced the number of lying-in beds from eight to six, and a much-needed nursery was provided on the ground floor, thus providing better accommodation for both mothers and babies, and a more restful environment for the former.

A Minnitt's Gas and Air Apparatus was provided by the Council at the home, at Dr. Kinsey's suggestion, in order that mothers should have all additional relief possible from pain in labour.

The Home was closed from 9th to 31st October for improvement and renovation.

A total of 51 Ante-Natal Clinics were held by the local doctors at the Home and 129 attendances were recorded.

Two other innovations in the Maternity Services, added by Dr. Kinsey were, firstly the arrangements for Birth Control advice at the Borough of Port Talbot Clinic, and the taking of blood samples for examination for the Rhesus factor.

SCHOOL CHILDREN. When a full-time Medical Officer of Health was appointed here, a condition of the appointment was, that three-elevenths of his time was to be at the disposal of the County School Medical Officer. The new full-time Medical Officer of Health, therefore simultaneously became an Assistant County School Medical Officer, with duties at all schools in the

district and also at Cwmfelin and Llangynwyd Schools. This step brought within the direct observation of the Medical Officer of Health, a large and important section of the community, hitherto mainly outside his jurisdiction. It, at once, gave the Medical Officer of Health a close personal insight into the condition of the school-children, both in health and disease, and of necessity must in the future enhance his opportunities of acquiring knowledge valuable to this community.

DIPHTHERIA IMMUNISATION : After the successful campaign launched in Maesteg in 1941 by Dr. Ralph Thomas, the figures for immunisation for both pre-school and school children had fallen in 1945 to a very low and unsatisfactory level and to remedy this situation "Operation Needle" was launched by Dr. Kinsey in December, 1946. In his report on this subject to the Council I quote his introductory remarks.

"Operation Needle is the scheme whereby the Health Department, in conjunction with the Medical Practitioners of the area, it is proposed to immunise, to record as having been immunised, all children in the Maesteg Urban District area between 1 and 15 years. A record card is also made out for those refusing immunisation."

A leaflet combining an explanation of the facts of Immunisation and an application form was distributed to each household. The progress of this scheme will be dealt with in the Annual Report for 1947.

INFECTIOUS DISEASES. Notifications for Pneumonia and Diphtheria remained high, and two deaths were recorded from the latter disease.

TUBERCULOSIS. Notifications (Pulmonary and Non-Pulmonary) totalled 39 and deaths from both forms of Tuberculosis totalled 13. The treatment, and rehabilitation of the tuberculous is entirely in the hands of the Welsh National Memorial Association, and their Medical Officer deals with all cases requiring allowances and grants under the County Council Scheme.

VENEREAL DISEASES. No figures are available as an indication of incidence of these diseases in this district, as the entire scheme of diagnosis and treatment is conducted under County Council arrangements, at clinics outside this Urban District. Also any necessary action in the tracing of contacts, and follow-up of treatment defaulters, under Regulation 33B of the 1942 Act, is conducted under County Auspices.

HEALTH EDUCATION. This important community service was conducted continuously by the Health Visitors, both in the Clinics and in the homes, and the only method of outside propaganda to the public was confined to Diphtheria Immunisation as above-mentioned.

ENVIRONMENTAL HYGIENE. It would be natural to expect, that any district lacking the service of a full-time Medical Officer of Health, would show defects of a varying degree and a lower standard of environmental hygiene, than other districts in the happier position of having a full-time Medical Officer of Health. Maesteg proved to be no exception to the rule, and Dr. Kinsey, amongst his other activities, placed before the Council a report on the Town Hall and its environs (including both open and closed markets), from which I take the following apt quotation "You are doubtless aware, and the Surveyor, I know, is fully cognizant of the defects mostly arising from lack of maintenance throughout the war years in your Town Hall. It is my aim in this report broadly to point out, or recapitulate some of these defects, and also to introduce certain proposals and suggestions for Health improvement. In this connection I shall on occasion mention the need for certain alterations or improvements, on aesthetic grounds, which may strike you as being outside the bounds of preventive medicine.

I should point out, however, that Public Health embraces 'any factors' which tend to improve or maintain the mental, as well as the physical health of a community, and in this respect, a handsome, well-appointed Town Hall, where so many of the population spend a not inconsiderable time in recreation of the body and mind, can play an important part."

This close relationship of the health of mind and body, is a good guide to all Health Authorities when any plans are being made for their community, be these in connection with housing, recreation, Health Centres or what you will.

In a brief sentence what is the aim of all Public Health.? Surely it is to secure "A Healthy Mind in a Healthy Body."

WATER SUPPLIES. This subject is dealt with in greater detail later in the report proper, and the main features of Dr. Kinsey's excellent and exhaustive report on "Water Supplies to Maesteg" are recorded at some length.

THE CARE OF PREMATURE INFANTS. No special institutional care is available in this district for premature infants and measures taken to secure their proper development and survival consists of nursing at home and supervision by the Midwife and/or the Health Visitor, or in the Council Maternity Home.

In 1946 there were 37 Premature Births notified, of whom 28 were born and nursed entirely at home. Of the total of 37, by the end of the first month two of these babies had died.

THE FACTORIES ACT, 1937. The method proposed by the Welsh Board of Health for 1947, as in circular 13/47 (Wales) has been adopted also for 1946; a report is embodied in a series of tables given later in the report of the Chief Sanitary Inspector.

DISINFESTATION. The figures available on this subject are necessarily inaccurate when regarded from the view-point of assessing the real incidence of infestation in this district. The only information available falls under two headings;—

(a)—**SCABIES.** The treatment of Scabies continued, most cases being found in the schools and at the Maternity and Child Welfare Clinics, the others consisting of contacts of these cases. The Council provide treatment for women, school children, and pre-school children, at one of their Maternity and Child Welfare Clinics in Maesteg where there is one bath. Staff facilities are therefore inadequate, and at least one further Cleansing Centre is necessary in the Caerau District. A prospective Centre is in view, but due to lack of building materials, a suitable site, and lack of trained personnel, this centre still remains in the planning stage up to the present. Most Scabies infections are treated at home by the patients own doctors. A total of 65 cases were treated at the Council Clinic during 1946.

(b)—**HEAD INFESTATION.** Here I quote from the report of the Matron of the Isolation Hospital. "The amount of head infestation is a source of anxiety in the management of the institution. Of the 54 cases admitted during the year, head infestation occurred in 5% of cases in age groups 1—5 years, 10% of cases in age group 5—10 years and 10—15 years. Adults Nil." On the whole, these figures probably compare favourably with most other districts.

NATIONAL HEALTH SERVICE. Plans are now being prepared by the Ministry of Health in order to set out all the provisions of the 1946 Act. Much information is now being supplied by this and other Local Authorities to the Welsh Board of Health and soon, doubtless the organisation of the Regional Hospital Board and the new Local Health Authority (i.e.: the County Council) will become available for discussion.

ACKNOWLEDGMENTS. At this stage, I acknowledge with thanks, the assistance and suggestions of all who have assisted in the compilation of the report. My only work, therefore, in this report has been to collate, arrange, and check all the subject matter as handed over to myself in the raw state.

For this same reason, I have made very few changes in the method of arrangement and formation of the report as a whole, but have changed to a small extent the presentation of some of the statistical matter.

I have the honour to be,

Gentlemen,

Your obedient servant,

ALFRED AMDOR,

M.B., Ch.B., D.P.H.,

Medical Officer of Health.

GENERAL STATISTICS.

Population	22,660
Assessable Value in 1946	£76,714
Sum represented by Penny Rate	£257

EXTRACTS FROM VITAL STATISTICS.

Births :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Legitimate	239	234	473
Illegitimate	10	17	27
Still-Births	9	9	18
Birth Rate	22.1		
Birth Rate, Eng. & Wales	19.1		

Deaths :—

Males—141.	Females—114.	Total—255.
Death Rate ...	11.25.	
Death Rate, England & Wales	11.5.	

Deaths from Puerperal Causes :—

From Puerperal Infections	0
Other Maternal Causes	2
Rate per 1,000 total (live and still) births ...	4.00
Rate for England and Wales	1.06

Deaths of Infants under One Year of Age :—

Legitimate	24
Illegitimate	1
Total	25
Infant Mortality Rate.	50
Infant Mortality Rate (England & Wales) ...	43.0

Deaths from Tuberculosis :—

Death Rate. Pulmonary Tuberculosis in 1946...	0.52
Death Rate. (England and Wales)	0.46
Death Rate. Other Forms of Tuberculosis	0.04
Death Rate. (England & Wales)	0.08

SUMMARY OF THE CHIEF CAUSES OF DEATH AT ALL AGES AND THEIR RATES FOR THE YEAR 1946.

(Civilian Only).

	Number M.	of F.	Deaths Total	Rate per 1000
1. Typhoid and Paratyphoid Fevers	0	0	0	0.00
2. Cerebro-spinal Fever	0	1	1	0.04
3. Scarlet Fever	0	0	0	0.00
4. Whooping Cough	1	0	1	0.04
5. Diphtheria	2	0	2	0.08
6. Tuberculosis of Respiratory System	5	6	11	0.52
7. Other forms of Tuberculosis	0	1	1	0.04
8. Syphilitic Diseases	1	0	1	0.04
9. Influenza	0	0	0	0.00
10. Measles	0	0	0	0.00
11. Ac. polio-myel. & polio-enceph ;	0	0	0	0.00
12. Ac : inf. : enceph	0	0	0	0.00
13. Cancer of buc. : eav. : & oesoph (M) uterus (F)	1	2	3	0.13
14. Cancer of stomach & duodenum	8	7	15	0.66
15. Cancer of breast	0	2	2	0.08
16. Cancer of all other sites	7	13	20	0.88
17. Diabetes	0	3	3	0.13
18. Intracranial vascular lesions	12	15	27	1.18
19. Heart Disease	42	35	77	3.39
20. Other diseases of circ. system	0	0	0	0.00
21. Bronchitis	16	5	21	0.92
22. Pneumonia	9	5	14	0.61
23. Other Resp. diseases	7	1	8	0.35
24. Ulcer of stomach or duodenum	2	0	2	0.08
25. Diarrhoea under 2 years	0	1	1	0.04
26. Appendicitis	0	0	0	0.00
27. Other Digestive Diseases	2	0	2	0.08
28. Nephritis	3	5	8	0.35
29. Puer. : & Post-abortion : sepsis.	0	0	0	0.00
30. Other maternal causes	0	2	2	0.08
31. Premature Birth	3	3	6	0.26
32. Con. : Mal. : birth inj : infant : dis	4	1	5	0.22
33. Suicide	3	0	3	0.13
34. Road Traffic Accidents	2	0	2	0.08
35. Other violent causes	5	1	6	0.00
36. All other causes	6	5	11	0.48
ALL CAUSES	141	114	255	11.25

VITAL STATISTICS — 1921 TO 1946

Year	Population	BIRTHS		DEATHS		INFANT MORTALITY	
		Number of Births	Rate per 1000 Population	Deaths all Ages	Rate per 1000 Population	Deaths.	Rate.
1921	29,520	918	31.1	336	11.38	78	85
1922	29,840	732	24.5	421	14.1	92	125
1923	29,920	793	26.46	303	10.13	57	72
1924	29,930	752	25.13	289	9.66	49	65
1925	29,850	666	22.31	329	11.04	66	92
1926	28,930	642	22.19	365	12.61	64	100
1927	28,530	541	18.96	313	10.97	49	91
1928	27,020	562	20.80	316	11.70	37	66
1929	27,070	578	19.13	341	12.59	53	102
1930	27,070	492	18.17	290	10.71	32	65
1931	25,552	500	19.50	313	12.2	33	81
1932	24,710	408	16.51	288	11.65	38	93
1933	24,340	424	17.54	312	12.81	30	71
1934	24,020	451	18.77	313	13.03	49	109
1935	23,770	450	18.93	306	12.87	34	76
1936	23,450	430	18.33	320	13.64	34	79
1937	22,660	391	17.25	284	12.52	25	64
1938	22,440	411	18.32	279	12.43	36	88
1939	22,170	361	16.28	327	14.58	31	84
1940	23,460	443	18.9	318	13.6	37	81
1941	23,910	435	18.2	317	13.3	36	79
1942	22,890	461	20.1	260	11.4	28	61
1943	22,300	443	19.9	287	12.9	36	81
1944	22,540	430	19.1	305	13.5	38	88
1945	22,410	434	19.4	321	14.3	24	55
1946	22,660	500	22.1	255	11.3	25	50

GLAMORGAN (ADMINISTRATIVE COUNTY)—VITAL STATISTICS, 1946.

DISTRICT.	Estimated Population 1946.	BIRTHS.		DEATHS.		INFANT MORTALITY.	
		Number of Births.	Rate per 1,000 Population.	Number of Deaths.	Rate per 1,000 Population.	Deaths under 1 year.	Rate per 1,000 Births.
Administrative County	710,160	13,799	19.4	8,591	12.1	624	45
Urban Districts	520,490	10,284	19.8	6,501	12.5	462	45
Rural Districts	189,670	3,515	18.5	2,090	11.0	162	46
England and Wales	—	—	19.1	—	11.5	—	43
<i>Urban Districts—</i>							
Aberdare	39,920	658	16.5	581	14.6	30	46
Barry	38,010	817	21.5	449	11.8	38	47
Bridgend	12,770	255	20.0	132	10.3	7	27
Caerphilly	32,240	759	23.5	401	12.4	34	46
Cowbridge	1,255	19	15.1	11	8.8	1	53
Gelligaer	35,980	794	22.1	422	11.7	43	54
Glyncorrwg	8,904	197	22.1	105	11.8	14	71
Llwehwr	25,510	395	15.5	284	11.1	17	43
MAESTEG	22,660	500	22.1	255	11.3	25	50
Mountain Ash	31,880	635	19.9	388	12.2	32	50
Neath	30,940	591	19.1	395	12.8	26	44
Ogmore and Garw	23,310	455	19.5	275	11.8	15	33
Penarth	16,720	312	18.7	215	12.9	10	32
Pontypridd	38,730	778	20.1	502	13.0	41	53
Porthcawl	8,541	146	17.1	113	13.2	2	14
Port Talbot	40,000	770	19.3	477	11.9	33	43
Rhondda	113,120	2,203	19.4	1,496	13.2	94	43
<i>Rural Districts—</i>							
Cardiff	35,770	619	17.3	367	10.3	26	42
Cowbridge	12,750	281	22.0	136	10.7	18	64
Gower	10,830	201	18.6	128	11.8	15	75
Llantrisant	23,610	498	21.1	271	11.5	18	36
Neath	40,090	741	18.5	448	11.2	35	47
Penybont	33,460	599	17.9	333	10.0	20	33
Pontardawe	33,160	576	17.4	407	12.3	30	52

Birth-rates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality and Case rates for certain Infectious diseases in the Year 1946. Provisional figures based on Weekly and Quarterly Returns of the Registrar General (England and Wales).

	England and Wales	126 C.Bs. and Groat Towns including London	148 Smaller Towns Resident Population 25,000-50,000 1931 Census	London Adm. County
	• Rates per 1000 Civilian Pop.—			
Live Births	19.1★	22.2	21.3	21.5
Still "	0.53★	0.67	0.59	0.54
DEATHS				
All Causes	11.5★	12.7	11.7	12.7
Typhoid and Paratyphoid	0.00	0.00	0.00	0.00
Scarlet Fever	0.00	0.00	0.00	0.00
Whooping Cough	0.02	0.02	0.02	0.02
Diphtheria	0.01	0.01	0.01	0.01
Influenza	0.15	0.13	0.14	0.12
Smallpox	0.00	0.00	0.00	—
Measles	0.00	0.01	0.00	0.01
	Rates per 1,000 Live Births :—			
Deaths under 1 Year of Age	43x	46	37	41
Deaths from Diarrhoea and Enteritis under 2 years of age	4.4	6.1	2.8	4.2

- A dash (-) signifies that there were no deaths
- x Per 1,000 related births
- ★ Rates per 1,000 Total population

	England and Wales	126 C.Bs. and Great Towns including London	148 Smaller Towns Resident Population 25,000-50,000 1931 Census	London Adm. County
	Rates per 1000 Civilian Pop.—			
Notifications :—				
Typhoid Fever	0.01	0.01	0.01	0.01
Paratyphoid F'v'r	0.02	0.02	0.01	0.01
Cerebro Spinal Fever	0.05	0.05	0.04	0.06
Scarlet Fever	1.38	1.51	1.33	1.42
Whooping Cough	2.28	2.48	2.05	2.22
Diphtheria	0.28	0.32	0.31	0.24
Erysipelas	0.22	0.25	0.22	0.27
Smallpox	0.00	0.00	0.00	0.00
Measles	3.92	4.73	3.70	7.35
Pneumonia	0.89	1.02	0.74	0.75

Rates per 1,000 Total Births (Live and Still) :—

(a) Notifications :—

Puerperal Fever	) 8.50	10.35	7.63	(1.62
Puerperal Pyrexia	)			( *(9.68

(b) Maternal Mortality in England and Wales :—

No. 140 Abortion with Sepsis	No. 131 Abortion without Sepsis	No. 147 Puerperal Infections	Nos. 142 - 6 148-150 Other
0.13	0.06	0.18	1.06

Abortion :—Mortality per million women aged 15-45 in England and Wales :—

No. 140 with Sepsis	No. 141 without Sepsis
11	5

* Including Puerperal Fever

WATER SUPPLIES.

My predecessor, Dr. E. W. Kinsey, during his short stay as the first full-time Medical Officer of Health in Maesteg, before setting out for New Zealand, compiled a comprehensive report on the water supplies of this district, at first hand, after many visits of inspections to all water works and gathering grounds related to this district.

I regard this report as of such value, that in my opinion, it is the outstanding piece of Public Health Work conducted during 1946, in the Maesteg Urban District Council Area, and it becomes a necessity to record the findings in this Annual Report.

M.O.H.

SECTION 1—INTRODUCTION.

1. As you are aware, the Maesteg Urban District has no water works but is dependent upon supplies by the Mid-Glamorgan Water Board. This, however, should be no reason why the Council and your Medical Officer of Health should not be vitally interested in it, and indeed, certain members of the Council are members of the Mid-Glamorgan Water Board.

2. Historically, I will not attempt to give a picture of Water Board Undertakings in this area, because you know from first hand more about it than I do. My report will, therefore, deal with the water supplies from a medical point of view as I found them on inspection.

3. The late Dr. Suckling, perhaps the greatest medical authority on water supplies in Great Britain during his life-time, was called in by the Mid-Glamorgan Water Board and asked to report and advise on the whole of their undertakings in 1939. Some of his recommendations have been carried out with a consequent improvement in the purity and therefore safety of the supply for human consumption.

4. I have read Dr. Suckling's report and, as it were, "following in the steps of the master" have inspected all sources which actually supply water to the Maesteg Urban District, and all the installations for filtering and/or chlorinating Maesteg Water.

SECTION II—SOURCES IN GENERAL.

5. In a nutshell, water supplied to Maesteg has its source in streams and springs in the Llynvi, Garw, Ogmore and Dymbath Valleys, and from an underground stream near the Ogmore River at Schwyll.

6. So far as possible the Mid-Glamorgan Water Board aim to supply Maesteg from the sources in the Llynvi, Garw, Ogmore and Dymbath Valleys.

7. The valley sources mentioned are very undependable because there are no storage reservoirs built, since there would be a danger of bursting of dams from underground workings. The volume of water in the streams is directly related to the amount of rainfall and, in some cases, is reduced to a mere trickle after a few weeks of fine weather. In addition there is much loss of water into fissures. Such streams are described as "flashy" and the water which they collect is known as upland surface water, being gathered from the surface of the land adjoining the stream.

8. Very soon during a dry spell, water outside Maesteg Area has to be called upon to supply Maesteg, and this is done by a series of pumps and reservoirs which will be described later on in a general manner.

SECTION III—SOURCES IN DETAIL—LLYNVI VALLEY.

(a). MYNYDD CAERAU.

9. This source of supply is really the Llynvi River in its strippling stage, soon after it has formed from a number of springs in Mynydd Caerau. The volume of water is considerably augmented by surface water during rainfall.

10. The "take-off area" lies about $1\frac{1}{2}$ miles up-stream from Caerau Colliery. It will be described in some detail because all the "take-off areas" in all the streams are more or less identical and therefore repetition is not necessary. Average "take-off area" about $\frac{1}{2}$ —1 acre.

11. Essentially it consists of an enclosed area straddling the stream, fenced-in with iron spikes. The stream inside the enclosure is held up by a tiny dam, allowing for compensation water to spill over at all times into the stream, which is therefore never caused to run dry because of the presence of the dam.

12. The "take-off" pipe lies at the bottom of the dam. Its end is not completely open but is perforated, being technically described as a "snore" which is intended to hold back gross vegetable or organic matter such as mud, earth, etc. In addition, the "snore" lies within a submerged cage, which in its turn holds back very large clods, etc., brought down in times of flood.

13. The enclosure is not an effective method of preventing fouling of the stream with human or animal excrement since the stream is liable to such contamination above the enclosure. A system of inspection and discouragement of pedestrians wandering over the catchment area above the enclosure is in force, but, of course, such supervision is intermittent. There are no habitations above the enclosed area.

14. The water is piped, and on its way to Caerau Reservoir passes through a chlorinating chamber near Mount Pleasant, where it is automatically dosed with chlorine. It is aimed to get a residual chlorine of 0.1 to 0.2 parts per million and frequent readings are taken.

15. The chlorinated water proceeds to a large well-built reservoir, situated on the hillside to the west of Bryn Terrace, Caerau. The area around the reservoir is enclosed, but I understand that people enter the enclosure and frequently commit wanton damage to the reservoir and its surrounds. In this connection, there is an element of danger, because the reservoir is incompletely covered. At the time of my inspection one man-hole was open, the cover having been dropped into the reservoir. In addition to this temporary access to the water, the water is at all times exposed at the site of the inlet valve. In such a case there is always a chance that someone may urinate into the reservoir, or in other ways contaminate the stored water.

(b)—PENYLAN (NANTYFFYLLON SOURCE).

16. This source is derived from a tributary stream of the Llynvi, known as Nantyffyllon. The stream is damned near Penylan Farm, and the water is led off into the mains without storage, filtration or chlorination.

17. There is a greater danger of pollution with human excrement at this source than at any of the others because of its proximity to a built-up area, and pedestrians must almost certainly walk over the gathering ground.

18. I may say that it is only occasionally used as a source of supply at the present time, but there is a great temptation for it to be used in times of shortage. It would be desirable if the Mid-Glamorgan Water Board saw fit to discontinue its use entirely and to dismantle the pipes leading from it.

(c)—SYCHPANT SOURCE.

19. The third source in the Maesteg Area takes water from Nant Sychpant, and the "take-off area" being situated in the remote upper-end of Cwm Sychpant.

20. The area is fenced off as at Mynydd Caerau. Water gravitates in the main, and is chlorinated without storage or filtration at a chlorinating-house south of the railway crossing over the Port Talbot railway.

21. The main pipe leads to an uncovered reservoir at the back of Neath Road and to a smaller covered tank at a higher level in the field above, which tank serves as storage for the General Hospital only.

22. This small tank for the General Hospital is of insanitary construction, having an ill-fitting lid and its contents are subject to pollution by surface water from the hillside above it.

23. The Neath Road reservoir should be covered in.

24. The Neath Road reservoir serves houses in that part of the town, but there are no records in this office showing exact distribution. It may be mentioned here that there is an auxiliary source of water from what appears to be an old coal level or trial level, and this water enters the Neath Road reservoir without chlorination. It would be interesting, with the consent of the Mid-Glamorgan Water Board, to carry out fluorescein tests to establish whether this auxiliary source is subject to surface pollution.

25. Between the chlorination-house and the Neath Road reservoir a main leads off from the Sychpant supply to serve the Isolation Hospital, and the Park Site houses.

26. The pressure of water from the Sychpant source is frequently deplorably inadequate.

27. Chemical Analysis shows that the Sychpant water is of a highly acid nature and plumbo-solvent, and Dr. Suckling recommended installation of plant to correct this acidity. The danger of a plumbosolvent water is that if lead pipes are used, then such water may dissolve lead which may cause lead poisoning in the consumer. This is again referred to in the report under "Chemical and Bacteriological Characters of the Water" Section.

GARW VALLEY.

(d)—GARW FECHAN SOURCE.

28. This source takes water from the Garw Fechan, a tributary of the Garw River, at a remote point near its source. The water is chlorinated in a chlorinating house near Pont Rhy1. There is no sedimentation or filtration. Houses in the Pont Rhy1 neighbourhood are supplied and any excess gravitates to Llangeinor Reservoir, where it becomes available for consumption in Maesteg.

(e)—GARW UPPER AND LOWER.

29. These two sources are from two streams at the upper end of the Garw Valley before they join to form the main Garw River.

30. There is nothing of special note about them.

31. Water from both sources is chlorinated at independent chlorinating houses, stored in reservoirs, and is made available for consumption in Blaengarw, the excess passing on to Llangeinor Reservoir.

32. At neither source is sedimentation or filtration carried out.

(f)—NANTHIR SOURCE.

33. This source is from the stream known as Nanthir, a tributary of the Garw. The water is chlorinated, helps to supply Blaengarw, and the excess goes to Llangeinor Reservoir.

34. No filtration or sedimentation is carried out.

OGMORE VALLEY SOURCES.

(g)—NANTYMOEL HIGH LEVEL.

35. This supply is taken from one of two main streams which form the Ogmores River above Nantymoel. The water is not filtered but is subjected to chlorination. It then enters a reservoir from whence it is piped to Nantymoel.

36. Any excess gravitates to Nantymoel Low Level Reservoir which is discussed immediately below.

(h)—NANTYMOEL LOW LEVEL.

37. This takes its supply from the second of two main streams forming the Ogmores River above Nantymoel, and is situated quite close to the High Level source described above.

38. The water is taken to a water treatment plant, where flocculent is added. It is then subjected to rapid sand filtration under pressure and the filtered water after chlorination enters Nantymoel Low Level Reservoir.

39. It will, therefore, be seen that the Nantymoel Low Level Reservoir contains a mixture of "filtered-chlorinated" and "unfiltered chlorinated" water, the latter being the excess water from the High Level supply.

40. Back-flushing of the filters in the Low Level treatment plant is carried out with High Level "unfiltered chlorinated" water.

41. Water from the Low Level Reservoir supplies Nanty-moel and Ogmore Vale, and any excess gravitates to Llangeinor Reservoir.

(i)—**DYMBATH VALLEY.**

42. This source is taken at three "take-off points" from the Dymbath stream in a beautiful, unspoiled valley lying between the Ogmore and Gilfach valleys. The water is piped to Llangeinor water-treatment plant where it is subjected to sedimentation, rapid sand filtration and chlorination after which it enters the Llangeinor Reservoir, mixing with the excess waters from the Garw and Ogmore sources, and also occasionally with supplies pumped from Schwyll pumping station.

(j)—**SCHWYLL SUPPLY.**

43. This supply takes its water from an underground stream by means of a well shaft which was sunk in order to tap the source. This well was sunk within 60 yards of the Ogmore River and I can do no better than to quote from the late Dr. Suckling's report verbatim as follows:—

"I was very favourably impressed with this pumping station and reservoir, but inspection reinforced my views as to the vulnerability of the source to pollution and the necessity for a strong line of defence in respect to treatment of the water.

The pumping station is adjacent to the Ogmore River which is tidal at this point, and the banks of which show fissures discharging water from the Limestone. The collecting well at the pumping station is sunk on the line of these fissures which are very open and clearly seen in the well.

The flow of water from these fissures to the river varies in volume and position according to the amount being pumped from the well and under certain conditions reversal of direction of flow with the influx of river water to the Limestone can reasonably be anticipated. This has, I am informed, been proved to occur under exceptional conditions of flood, but is very infrequent, and no undue increase in chlorides (salinity) of the water was recorded.

It is, however, a possibility of grave concern particularly if in the future the resources of the well should be taxed to the full. Apart from increasing salinity, the introduction of serious pollution by this means must be recognised and safeguarded.

In addition, the inevitability of sewage and manurial pollution of the Limestone Outcrop, and the fissured character of this formation clearly exposes the well water to the dangers of pollution which will be variable, intermittent and sudden in character according to climatic conditions, pumping rate, etc.

I repeat, therefore, with increased emphasis, my previous opinions and recommendations that chlorinational one does not afford adequate safeguard and that additional treatment by preliminary coagulation and filtration should be applied.

This is particularly necessary in view of the increasing demands which will be made on this Station, since I understand that the total supply provided by the Board has now reached a winter daily average of 3.3 million gallons, necessitating the pumping of 300,000 gallons a day (average) from Selwyll. In the summer months therefore it will probably be necessary at times to pump 2 or more million gallons daily from this source, and careful consideration must be given to the probable maximum in designing the treatment plant in order that its effective capacity is not exceeded.

It would be advisable to fix and adhere to a maximum yield for this station in order to avoid pumping on the well to such a degree that the ingress of river water is facilitated.

The circumstances of the pumping station in respect to engineering lay-out are favourable to the installation of further treatment plant, and ample space is available.

The station is equipped with three duplicate pumps which lift the water by separate suctions from the well to the reservoir, which is situated behind the pumping station. This reservoir is modern, well-constructed, covered, equipped with baffle walls, and has a capacity of 500,000 gallons.

After traversing this reservoir, the water is picked up by the High Lift Pumps, of which there are also three, and forced into one 18-inch diameter pumping main.

There is ample pumping provision but the station is dependent on electricity.

The 18-inch pumping main shortly divides into two 14-inch diameter distribution mains from which water is also delivered to the Southerndown and Flemingsdown Service or balancing reservoirs, and to the Cefn Hirgoed Reservoir and the northern area. Partial admixture thus takes place with upland water in varying proportions according to rainfall and the yield of the upland sources.

An excellent condition of cleanliness and good maintenance was apparent at the Schwyll Pumping Station, and the arrangements made for chlorination were proper and adequate in respect to the provision of suitable instruments and adequate contact time. At the time of my inspection the plant was in good order and operating satisfactorily an appropriate residual chlorine reaction being obtained in the water leaving the contact tank.

Objection is taken only to the principle of relying solely on chlorination for the treatment of this water”

SECTION IV. GENERAL REVIEW OF THE SOURCES

44. At this stage of the report you will have realized that the water consumed in Maesteg is a very mixed commodity ranging in its origin from Schwyll in the south, to Nantymoel in the north.

45. In addition to its varying sources, it is subjected to varying standards of purification, from a first class standard in the case of the Dymbath water with sedimentation, filtration and chlorination, through a reasonable standard of chlorination only, such as obtains at Schwyll and most of the upland water sources, down to the lamentable standard in a public supply found at Penylan Reservoir, where the water is merely collected and distributed to the consumer without treatment of any kind.

SECTION V. GENERAL REVIEW OF DISTRIBUTION

46. The Caerau Source is distributed via the Caerau Reservoir.

47. The Penylan Source is distributed direct.

48. The Sychpant Source is distributed via the Red Cow Reservoir and the Neath Road Reservoir and tank.

49. When these sources are low, or fail, water gravitates from Llangeinor to the Red Cow Reservoir. It thus becomes available for distribution to the Maesteg Area as high up as Nantyffyllon by gravitation, and further up by being pumped to the Caerau Reservoir by means of the Nantyffyllon Pumping Station.

SECTION VI. CHEMICAL AND BACTERIOLOGICAL CHARACTERS OF THE WATER.

50. Samples are frequently taken by your Health Department, and by the Mid-Glamorgan Water Board for Chemical and Bacteriological Examination. They vary tremendously and, without going into details, range from satisfactory to fairly satisfactory, and occasionally unsatisfactory.

51. I would again mention particularly the Sychpant supply where the Chemical Analysis shows it to be of a highly acid nature and therefore plumbo-solvent. Dr. Suckling stressed this point and recommended that this acidity and plumbo-solvent action be corrected by treatment.

52. Apart from any laboratory findings in connection with the Bacteriological standard of the water, it follows from the nature of sources at inspection that chlorination alone cannot be depended upon to produce a Bacteriologically pure water at all times. This, I say, because at flood times the organic content of the water must increase considerably and, chlorine having a greater avidity for organic matter than it has for bacteria, must frequently be deviated from its intended function of destroying bacteria in the water.

53. If all the waters were filtered, a standard degree of clarity of the waters would be obtained and chlorination would be effective at all times.

SECTION VII. INTERCHANGE OF INFORMATION OBTAINED FROM CHEMICAL AND BACTERIOLOGICAL ANALYSIS BY THE MAESTEG URBAN DISTRICT COUNCIL AND THE MID-GLAMORGAN WATER BOARD

54. Your Health Department furnish to the Mid-Glamorgan Water Board a copy of the results of Chemical and Bacteriological findings on samples which the Health Department takes.

55. It would be desirable if the Mid-Glamorgan Water Board did likewise, and, in addition, furnish the Maesteg Urban District Council with a copy of all results of residual chlorine tests done on waters which may be consumed by the Maesteg Urban Area.

SECTION VIII. PLAN OF PIPE LINES AND DISTRIBUTION BY STREET

56. It would be desirable and helpful to the Health Department in the event of tracing a suspected water-borne epidemic should one arise, if the Mid-Glamorgan Water Board supplied them with a detailed distribution map. This would be a pointer to the probable source of origin of drinking water supplied to any part of the area.

57. In this connection I think it would be a sound proposal to ask the Mid-Glamorgan Water Board's consent for your Medical Officer of Health to attend their meetings.

SECTION IX. FUTURE PLANS OF THE MID-GLAMORGAN WATER BOARD

58. The Mid-Glamorgan Water Board have in hand a programme for the future as follows :—

(a) Filtration and treatment plants, including correction of acidity at the two sources in Maesteg, i.e. Mynydd Caerau and Sychpant, also filtration, in addition to existing chlorination of Ogmore and Garw supplies not already filtered.

(b) A plan to deal with pressure difficulties at the higher points in Maesteg, including a reservoir at Brynmawr.

(c) Filtration and softening of the Schwyll water in addition to chlorination.

SECTION X. CONCLUSION

59. I should like to place it on record that I met with every courtesy from Mr. Adams, Manager, Mid-Glamorgan Water Board, and also from all the Officials wherever I went. They all went to a great deal of trouble to place themselves at my disposal at times convenient for your Medical Officer of Health so as to fit in with his clinical work, etc.

E. W. KINSEY, M.R.C.S., L.R.C.P., D.P.H.

**SUMMARY OF REPORT ON WATER SUPPLIES AS PER
INSTRUCTIONS CONTAINED IN CIRCULAR 13/47 (WALES),
FROM THE WELSH BOARD OF HEALTH DATED MARCH
1947**

The water supply of the area and of its several parts has been, on the whole, satisfactory both in quality and quantity.

Bacteriological examinations were made of two samples of the raw water and both were satisfactory. Ten other Bacteriological examinations were carried out on treated water and four were found to be satisfactory, four fairly satisfactory, and two of moderate purity.

Eleven samples of treated water were sent for Chemical Analysis of which nine were satisfactory and two unsatisfactory due to the presence of Iron, causing discolouration and turbidity. All of these findings were reported to the Mid-Glamorgan Water Board.

There were no stand-pipes in use for the supply of water, and all the houses in the district are supplied from Public Water Mains with the exception of 29, which are mainly outlying farms and cottages far away from the public water mains.

ANNUAL RAINFALL

The total rainfall for the year, as registered at the Council's Isolation Hospital was 87.89 inches.
 The following table gives the rainfall records for districts in the Area of the Mid-Glamorgan Water Board during the year ended 31st December, 1946.

	Merthyr- Mawr	Bridgend	Schwyll	Llanharan	St. Athans	MAESTEG	Blackmill	Ogmore Vale	Ponty- Cymmer
Jan.	3.73	3.67	3.79	5.25	2.38	7.97	6.61	13.22	11.25
Feb.	3.63	3.43	3.50	3.74	3.60	6.25	6.99	11.92	7.30
March	1.34	1.27	1.16	1.47	1.30	2.35	1.95	3.62	3.25
April	1.87	1.86	1.88	2.04	2.09	1.89	2.18	2.43	2.70
May	4.95	4.79	4.65	4.89	4.74	4.71	4.74	4.91	5.47
June	5.17	5.01	3.58	5.82	3.57	9.57	7.38	11.39	10.70
July	2.97	2.80	2.17	2.70	3.00	5.27	4.92	6.79	7.31
August	8.08	7.86	6.47	7.92	9.88	11.83	9.16	13.83	13.82
Sept.	6.38	6.24	5.26	7.50	5.86	14.86	10.86	16.27	14.61
Oct.	1.22	1.19	1.12	1.04	.86	1.88	1.41	1.81	1.71
Nov.	6.97	6.65	6.29	8.74	6.19	13.43	9.82	17.06	14.82
Dec.	4.49	4.79	4.62	5.44	4.38	7.88	5.73	9.27	8.78
TOTALS	50.80	49.56	44.49	56.55	47.85	87.89	71.75	112.52	101.72

WATER

REPORT BY MR. H. W. ADAMS, THE MANAGER & CLERK, MID-GLAMORGAN WATER BOARD

Maesteg is a constituent area of the Mid-Glamorgan Water Board, and the water supply to this district is entirely in its hands. Trunk mains link up the water supply throughout the Mid-Glamorgan area.

During the year 1946, the following work was carried out in this area :—

Main Extensions — Caerau Housing Site

772 yards of 6-inch Cast Iron Main and

187 yards of 3-inch Cast Iron Main.

Supplies of water taken from the various sources and submitted to the County Analyst for examination have indicated that a satisfactory treatment against contamination is being maintained.

As in previous years, the water supply to the Maesteg Area has been supplemented from the sources of the Ogmore, Garw and Dymbath Valleys on very many occasions during dry spells. The water from these outside sources are also treated against contamination and the samples submitted to the County Analyst for examination during the year have produced satisfactory reports.

HEALTH SERVICES

Hospitals provided or subsidised by the Local Authority or County Council, are as follows :—

(1) **PUBLIC ASSISTANCE.** For Public Assistance purposes, Maesteg is divided into two districts, a Relieving Officer serving each district. The services of a medical practitioner are also available in each district.

(2) **TUBERCULOSIS.** Institutions maintained by the Welsh National Memorial Association are available for the treatment of persons suffering from Tuberculosis. A T.B. Dispensary is maintained by the Welsh National Memorial Association in the Council's M. & C.W. Building, Church Street, Maesteg, on Wednesday and Friday mornings of each week.

(3) **MATERNITY.** The Council maintain a Maternity Home of six beds. Patients are admitted on payment of fees, but in exceptional cases a reduced fee or free admission is granted.

(4) **CHILDREN.** The Glamorgan County Council provides for the care and treatment of deformed and mentally defective children. Orthopaedic cases are also dealt with at the school Clinic in connection with our Child Welfare Scheme.

(5) **FEVER.** The Isolation Hospital is maintained by the Local Authority with accommodation for 18 patients.

(6) **SMALL POX.** The Local Authority is now a constituent member of the Ogmore Small Pox Hospital Committee and any case that might occur would be removed to that Committee's Hospital at Cefn Hirgoed.

(7) **GENERAL.** The Maesteg General Hospital is maintained by public subscriptions and there is accommodation for 53 patients.

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS

The Public Assistance Infirmary at Pontypridd provides for the admission of unmarried mothers to the Maternity Ward. Provision is made at the Cottage Homes, Bridgend, by the Assistance Committee, for illegitimate and homeless children.

AMBULANCE FACILITIES

(a) **FOR INFECTIOUS DISEASES.** A Motor Ambulance is provided by the Local Authority for the removal of infectious Diseases cases to the Isolation Hospital, and for inter-transport of cases, between this institution and other neighbouring fever hospitals.

(b) **FOR NON-INFECTIOUS AND ACCIDENT CASES.** A Motor Ambulance is provided in connection with the General Hospital, Maesteg, and is garaged at the Hospital. The Council have an arrangement with the General Hospital for the transport of emergency maternity cases.

CLINIC AND TREATMENT CENTRES

The County Council provides a School Clinic, and the Welsh National Memorial Association a Clinic for Tuberculosis.

No Clinic is provided in this area for the treatment of Venereal Diseases; there are, however, Clinics available at Pontypridd, Port Talbot, Barry, Cardiff, Swansea and Merthyr, where free and confidential treatment can be obtained.

BIRTH CONTROL CLINIC

Women requiring advice on birth control are referred to the birth Control Clinic, Port Talbot, through arrangements made with the M.O.H., Borough of Port Talbot. A fee of 10 6d. per visit is charged and this fee is paid by the Council.

LABORATORY WORK

The Bacteriological and Chemical Analyses are undertaken by the Staff of the Cardiff and County Public Health Laboratory, towards the upkeep of which the Local Authority make an annual contribution. Samples of water and milk are sent for analysis from time to time, as are also all specimens of blood, fluids, and swabs requiring bacteriological examination.

CHILD WELFARE DEPARTMENT

(Report by Miss S. E. Hughes, S.R.N., S.C.M., Health Visitor).

CHILD WELFARE ACTIVITIES : Statistics from the Maternity and Child Welfare Department emphasise the intimate contact that is maintained by the Health Visitors with all mothers and babies.

Each child is visited as soon after its birth as possible and the frequency of the revisits depends upon the progress of the child and upon its home conditions.

The number of babies who attend our Clinics weekly compare more than favourably with other Local Authorities with bigger staffs and more facilities.

INFANT WELFARE CLINICS

No. of Child Welfare Centres at which Clinics are held	3
Total number of children who attended for the first time under 1 year	350
Total number of children who attended for the first time over 1 year	53
Total	403
Total number of attendances under 1 year	3708
Total number of attendances over 1 year	1189
Total	4897

HEALTH VISITING :

Number of visits paid during the year by Health Visitors :—

(i) To expectant Mothers — First Visits	65	
	Revisits 36	Total Visits 101
(ii) To children under 1	First Visits 534	
	Revisits 2,044	Total Visits 2578
(iii) To children between the ages of 1 & 5 yrs.	Total Visits	2830
	Total	5509

ANTE-NATAL SERVICES

No. of Centres provided by the Council	2
No. of Clinics held	41
Total number of women who attended during the year	364

RHESUS FACTOR (RH) — BLOOD TESTING AT THE ANTE-NATAL CLINICS

The discovery in 1940, in America, by Landsteiner and Weiner of an important, hitherto unknown, factor in human blood, was soon applied in the practice of ante-natal supervision.

This factor can be found by examination of the blood of the mother-to-be, and occasionally it is also necessary to examine the blood of the father of the yet unborn child. Therefore Dr. Kinsey, wisely, decided in August 1946 to institute the taking of blood samples from all co-operative mothers-to-be.

During 1946, 33 samples of blood were examined for the Rhesus (Rh) Factor, by the National Blood Transfusion Service, at Cardiff.

This examination is no matter of mere academic interest but it provides useful practical information on two highly important subjects, neither of which are yet complete in all their facts and applications, but are already of great use, and by continuing this work in Maesteg, we add to the opportunities for fresh statistical information to be prepared by the workers in this speciality.

The first subject relates to Haemolytic Disease both of the unborn and the newborn, which is undoubtedly the cause of many still-births and many neo-natal deaths. Thus, if these can be prevented, a great saving of infant life would be achieved.

The second subject relates to the immediate and late dangers of using unsuitable blood in transfusions. Transfusion is in frequent use in the practice of modern midwifery. Thus if this Rhesus (Rh) test were performed on each pregnant mother we should be in possession of the facts as to the correct type of blood to be used, without any dangerous delay and much unnecessary trouble would be avoided. The test is, of course, purely voluntary, but its advantages are always explained to each woman attending the Council's ante-natal Clinics.

M.O.H.

CARE OF PREMATURE INFANTS :

The number of premature babies notified during 1946 whose mother is normally resident in the Council's Area.....37

The total number of premature babies notified during 1946 who were born :—

(i) At home	.....	28
(ii) In Hospital or Nursing Home	.....	17

The number of those born at home :—

(i) Who were nursed entirely at home	.....	28
(ii) Who died during the first 24 hours	.....	4
(iii) Who survived at the end of one month	.....	21

The number of those born in Hospital or Nursing Home :—

(i) Who died during the first 24 hours	.....	Nil
(ii) Who survived at the end of one month	.....	14

SCABIES

The treatment of Scabies was continued in the Area during the year. Treatment is carried out by the two Health Visitors at the Maternity & Child Welfare Centre, Maesteg.

During the year 65 cases received treatment.

The method of treatment is as reported in last year's Annual Report.

SCHOOLS

The Medical Inspection of school children is provided by the County Council, who have also established Ophthalmic, Dental and Orthopaedic Clinics.

The first full time M.O.H. under the Maesteg U.D.C. commenced duty on July 29th, 1946, and 3/11ths of his time is taken up as Assistant School Medical Officer.

In cases of Infectious Diseases, steps are taken in conjunction with the school authorities to exclude all scholars who have been in contact with the patient.

CHILD LIFE PROTECTION

Number of persons on the register who were receiving children for reward at the end of 1946 Nil

ADOPTION OF CHILDREN (REGULATION) ACT, 1939

This Act became operative on 1st June, 1943

Number of persons who gave notice under Section 7 (3) 3

Number of Children under supervision at end of 1946 7

Public Health Act, 1936 — Section 176

Power of Local Authority in respect of the prevention and Treatment of Blindness

No action was taken by the Council during 1946, as all arrangements under this section are undertaken by the County Council.

MATERNITY HOME

(Report by Matron M. GEORGE, S.R.N., S.C.M.)

Number of Mothers admitted (including 2 ante-natals) 117

Number of Normal Deliveries 105

Number of abnormal cases, which were all forcep deliveries 10

Number of Deaths :—

Mothers0

Babies1

Number of Babies born 115

Number of Babies Stillborn 10

51 Ante-Natal Clinics were held during the year, and 129 cases were examined. Of these, 117 cases were admitted into the Home.

PROVISION FOR DENTAL, EYE AND ORTHOPAEDIC TREATMENT

The Council have provided for the Dental, Eye and Orthopaedic treatment of children and mothers attending the Maternity and Child Welfare Centres, under an existing scheme with the County Council.

OPHTHALMIA NEONATORUM

CASES

Notified	Treated		Vision Un- paired	Vision Im- paired	Total Blind- ness	Deaths
	At Home	in H'spit'l				
1	1	0	1	0	0	0

DIPHTHERIA IMMUNISATION

Since the advocacy of the national application of Diphtheria Immunisation by the Ministry of Health, the following numbers of children were immunised during the years reviewed in the table given below. It will easily be seen, that after the initial impetus in 1941, there was a rapid decline in the numbers immunised yearly, in both tabulated age groups, until 1946, when under Dr. Kinsey's initiative the figures for the pre-school group began to return to a more satisfactory level.

	Pre-School Children 0—4 years	School Children 4—14 years
1941	341	1,110
1942	174	673
1943	270	380
1944	125	152
1945	250	59
1946	404	82

DIPHTHERIA ANTITOXIN

A sufficient supply of diphtheria antitoxin is always kept at the Isolation Hospital, and is supplied free of charge to the Medical Practitioners of the Area, under the Diphtheria Antitoxin Order, 1910.

INFANT DEATHS, 1946

Sex	Age	Cause of Death
F	2 days	1a General Debility of Pre-mature Birth.
M	1 month	1a Lobar Pneumonia.
F	1 day	1a Prematurity.
F	5 months	1a Broncho-Pneumonia.
M	3 days	1a Premature Birth.
M	2 months	1a Broncho-Pneumonia.
F	3 months	1a Acute Bronchitis.
F	1 month	1a Convulsions.
		b Acute Primary Pneumonia.
M	3 months	1a Broncho-Pneumonia.
		b Bronchitis.
M	1 month	1a Congenital Heart Disease.
M	1 month	1a Premature Birth.
F	3 days	1a Prematurity.
M	1 day	1a Intracranial Haemorrhage.
F	16 hours	1a Premature Birth.
F	9 months	1a Tubercular Meningitis.
M	4 months	1a Broncho Pneumonia.
M	3 months	1a Convulsions.
		b Pyrexia.
		c Boils of Neck.
M	2 days	1a Prematurity.
M	15 weeks	1a Asphyxia (caused by thick mucus blocking the air passages).
		b Bronchitis.
F	5 months	1a Acute Broncho-Pneumonia.
F	3 months	1a Acute Broncho-Pneumonia.
F	2 months	1a Broncho-Pneumonia.
M	2 weeks	1a Convulsions.
		b Acute Bronchitis.
F	5 hours	1a Inanition.
		b Prematurity.
		c Toxaemia of Pregnancy.
M	12 hours	1a Congenital Heart—Patent. Ductus Arteriosus.

Total number of Deaths 25

TUBERCULOSIS

In the course of the year, the number of notifications of Tuberculosis (Pulmonary and other Forms) received, was 41. This figure shows a decrease of 13 on the previous year.

The number of cases of Pulmonary Tuberculosis notified during the year was 8 males and 19 females. Non-Pulmonary Tuberculosis 8 males and 6 females.

The deaths from Pulmonary Tuberculosis was 11. The number of deaths from other forms of Tuberculosis, was 1.

The distribution of the notifications is as follows :—

Ward	Pulmonary.	Non-Pulmonary
CAERAU	3	3
NANTYFFYLLON	3	4
EAST	8	4
WEST	13	3
	27	14
TOTAL	41	

At the end of the year, after death removals, cures, altered diagnosis, and transfers had been adjusted, there were 265 cases on the register, made up as follows :—

	Pulmonary.	Non-Pulmonary
Males	73	59
Females	92	41
	165	100
Total	265	

No special provision is made by the Council for the treatment of Tuberculosis. Treatment of the patient is left to the Medical Practitioner in attendance, who either directly or through the Medical Officer of Health, obtains the assistance of the Welsh National Memorial Association.

PUBLIC HEALTH ACT, 1936 — SECTION 172

No action was taken by the Council under this Section during 1946.

TUBERCULOSIS—1946 **PULMONARY TUBERCULOSIS NOTIFICATIONS**

YEAR	0-1		1-5		5-15		15-25		25-35		35-45		45-55		55-65		65 & upwards		TOTALS	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	F'm'l's Totals
1936				1	3	6	1	2	3	3	2	1	1						8	13
1937					3	2	2	8	6	3	1	1							9	15
1938					2	2	4	6	6	1	2	4	2		1				19	24
1939							7	8	7	7	3	1	1	2	2				14	10
1940			1		1	1	3	8	1	5	3	3			2				13	20
1941					2		7	6	3	6	1	1	2		3				17	19
1942					1	1	7	6	3	1	4	2	1		1				17	32
1943			2			2	7	5	4	4	1	2	1		3				17	18
1944					1		5	8	3	4	3	2	3	1	1		1		13	28
1945			1	1		4	3	6	3	4	3	2	2	1	1				17	31
1946							2	6	2	7	2	3	1		1		1		15	15
																			15	19
																			8	27

PULMONARY TUBERCULOSIS DEATHS

YEAR	0-1		1-5		5-15		15-25		25-35		35-45		45-55		55-65		65 & upwards		TOTALS	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	F'm'l's Totals
1936							1	4	2	2	1	1	1		2				7	7
1937							2	4	1	3	3				1				7	8
1938							3	3	2	2	2				3				6	15
1939							5	5	2	2	3	4							15	12
1940					1		3	3	2	2	1	1	2		2				7	8
1941							7	7	3	2	1	1	1		1				9	15
1942					2		1	1	1	1	1	3	1		2		2		8	10
1943							4	4	3	3	1	3	3		3		1		8	11
1944							1	4		4	1	4	4		1				11	20
1945						1	3	3	3	1	2	2	3		1		1		7	11
1946							1	2	1	1	2	1	2		1		1		10	8
																			5	6
																				11

NON-PULMONARY TUBERCULOSIS NOTIFICATIONS.

[illegible]

NON-PULMONARY TUBERCULOSIS DEATHS.

YEAR	0-1		1-5		5-15		15-25		25-35		35-45		45-55		55-65		65 & upwards		TOTALS	
M F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females Totals
1936			-		1	1		1		1									3	3
1937					1	1													1	1
1938			1								1								1	3
1939							1						1						3	4
1940					2														1	2
1941						1													1	1
1942						1													1	1
1943			1				1			1									3	3
1944					2		1			1									2	5
1945			1				1										1		4	4
1946	1				2												1		3	1

DEATHS IN RELATION TO NOTIFICATIONS. The deaths from pulmonary tuberculosis in 1946 classified to show the lapse of time between notification and death. It will be observed that four of the eleven deaths came to the knowledge of the Department after death had actually occurred.

YEAR	Within 1 Month	From 1—3 Months	From 3—6 Months	From 6 Months to 1 yr.	From 1—2 years	Over 2 & under 3 years	Over 3 & under 4 years	From 4 years upwards	Notified after Death	TOTAL
1946		2			1	2	1	1	4	11

The following Table shows the number of cases of Infectious Diseases originally notified during 1946, and of the final numbers after corrections subsequently made either by the notifying Medical Practitioner or by Medical Superintendent of the Infectious Diseases Hospital.

DISEASE	ORIGINALLY NOTIFIED		AFTER FINAL CORRECTION		TOTAL FOR 1946 AFTER FINAL CORRECTION
	Males	Females	Males	Females	Males and Females
SCARLET FEVER	11	12	9	10	19
WHOOPING COUGH	9	8	9	8	17
MEASLES	8	1	9	2	11
DIPHTHERIA	11	25	9	16	25
AC. PNEUMONIA	20	10	20	10	30
ERYSIPELAS	1	4	1	4	5
CEREBRO-SPINAL FEVER	—	1	—	1	1
PUERPERAL PYREXIA	—	—	—	—	—
OPHTHALMIA NEONATORUM	—	1	—	1	1
TUBERCULOSIS, PULMONARY	8	19	—	—	27
TUBERCULOSIS, OTHER FORMS	8	6	—	—	14

DEATHS FROM INFECTIOUS DISEASES

Table showing the number of deaths in the Urban District of Maesteg from the Principal Infectious Diseases since 1923 :

Year.	Small Pox.	Measles.	Scarlet Fever	Whooping Cough.	Diphtheria.	Enteric Fever.	Diarrhoea.	Total Deaths.
1923	0	3	1	0	1	0	6	11
1924	0	0	0	5	2	0	6	13
1925	0	12	0	13	3	0	9	37
1926	0	0	0	1	11	0	5	17
1927	0	0	2	12	3	0	6	23
1928	0	11	2	0	7	0	2	22
1929	0	3	2	2	4	0	2	13
1930	0	0	0	0	6	0	5	11
1931	0	3	0	0	2	0	1	6
1932	0	0	1	3	3	0	3	10
1933	0	0	0	0	1	0	3	4
1934	0	2	0	0	0	0	4	6
1935	0	0	0	0	1	0	4	5
1936	0	2	0	3	1	0	4	10
1937	0	0	0	0	2	4	1	7
1938	0	0	1	1	3	0	1	6
1939	0	0	0	1	3	0	4	8
1940	0	4	0	0	5	0	4	13
1941	0	3	0	1	0	0	3	7
1942	0	0	0	0	4	0	4	8
1943	0	0	0	1	2	0	4	7
1944	0	0	0	1	1	0	4	6
1945	0	1	0	2	2	0	3	8
1946	0	0	0	1	2	0	1	4

ISOLATION HOSPITAL

(Report by Matron M. A. CELYN-JONES, S.R.N., R.F.N.)

The number of patients admitted during the year 1946 was 54. Classified they appear as follows :—

Admitted as Diphtheria	35
Scarlet Fever	15
Measles	2
Urticarial Rashes (Admitted as Scarlet Fevers)	2

The number of Diphtheria patients admitted during the year shows an increase over the previous year.

Two deaths occurred during the year from Diphtheria. Neither had been immunised.

There was also a slight increase in the number of admissions from Scarlet Fever.

Since December 1942 there has been a gradual decrease in the number of cases of Diphtheria, but 1946 shows an increase again.

Head Infestation :

The amount of head infestation is a source of anxiety in the management of the institution. Of the 54 cases admitted during the year, head infestation occurred among 5 per cent. of cases admitted from 1-5 years, 10 per cent. of cases admitted from 5-10 years and 10 per cent. 10-15 years. Adults Nil.

Administration :

During 1946 there was a shortage of staff nurses and we were unable to replace those who had left to get married. This was probably due to the fact that during the war years, girls who might normally have taken up nursing had instead entered the services. During our busy periods, many former members of the staff who had resigned on marriage, returned to do part-time, or temporary duty.

Domestic Staff :

The position in relation to domestic staff improved greatly in comparison with the war years, when we were on many occasions, without domestic staff. During these periods it was

necessary for the nursing staff to do domestic duties in addition to their nursing duties. In April 1946 the report of the "National Joint Council for Staffs of Hospitals and Allied Institutions" was adopted by the Council. This gives the domestic staff a 48-hour week and a good living wage, in addition, all members are non-resident. The position now is indeed a "happy one" and many members of the present domestic staff are in their second and third years service, and we have no difficulty in replacing those who leave.

Garden :

A full-time gardener was appointed in September, 1946. Great strides have been made in the garden during the Winter months and we hope to derive great benefit from the garden in the Spring.

Medical Instruction :

We were very pleased to welcome our new Medical Officer of Health and Superintendent of the hospital, in the person of Dr. E. W. Kinsey, in August, 1946.

All new methods and drugs were introduced in the treatment of infectious diseases, and in some instances Penicillin and blood transfusion have been used.

From August - December, 1946, we enjoyed five months of stimulating and very interesting work under the supervision of Dr. Kinsey.

Nurses :

All Assistant Nurses are now "State Enrolled Assistant Nurses." It is, however, very much regretted that we have not sufficient beds to become a recognised training school. Nurses, however, are given every chance to practice by the Medical Superintendent and by the trained staff.

Equipment :

Some items of modern surgical equipment were purchased during the year.

Nurses Home :

A large quantity of new furniture was bought during the year to improve the nurses home, which is now modern and well furnished.

Entertainments Fund :

The Annual dance was held as usual in December under the auspices of the above fund.

The dance was a social and financial success and once again the children were supplied with a large selection of toys for Xmas. The Committee also gave £10 for books for the Nurses Home. Santa Claus, impersonated by Councillor W. R. Rees, paid his annual visit to the children.

Acknowledgments :

I would like to express thanks to all who have contributed to carrying on the work at the hospital during the past year. While many useful services must necessarily pass unnoticed in the daily routine of hospital life, I would express my thanks and appreciation to all members of the nursing and domestic staffs for their loyalty and devotion to duty and co-operation at all times.

CONTROL OVER INFECTIOUS DISEASES.

On receipt of a notification of infectious disease the premises are visited by the Sanitary Inspector for epidemiological investigation and record and by the Health Visitor for any necessary immunisation of contacts and relevant advice. Arrangements are made for the removal of the case to the Isolation Hospital, or alternatively for the most efficient isolation of the patient possible.

After removal of patient, the infected rooms are immediately disinfected and when the patient is isolated at home disinfection is carried out at the termination of the illness. Where necessary infected clothing, bedding, etc. is removed and dealt with at the Council's steam disinfectors at the Isolation Hospital.

**Report by Mr. D. M. THOMAS, M.R.I.P.H.H., A.R.San. I.,
Chief Sanitary Inspector**

HOUSING :

Number of new Houses erected during the year 1946 :—

(i) By the Local Authority :—

Type	50 Temporary Prefabricated Bungalows (completed).
	50 B.I.S.F. and 60 Traditional houses under construction.

(ii) By other persons or bodies :—

Type	1 Traditional Bungalow under construction.
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(iii) Total number of houses owned by the Local Authority :—

(a) Under the Housing Acts	228
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(b) Other Powers	13
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During the year under review, Housing, of all Public Health problems, was the most urgent and gave the Department most cause for serious thought. We are brought daily into contact with those appalling cases of overcrowding, and of young children being brought up in dilapidated, worn-out and damp dwellings.

The Department is longing to get down to the demolition of our insanitary houses, and look forward to the erection of houses in such numbers as to relieve overcrowding, and pave the way for a better standard of housing accommodation.

Considerable difficulty has been experienced in effecting repairs to property owing to individual owners failing to secure skilled labour, building materials, and components, in order to execute the works which they were called upon to carry out. Consequently this has manifested itself in a steady deterioration of local property, and it has been as much as the Department could do, to maintain even a low standard of fitness in cottage property which constitutes the larger proportion of the local houses.

COMMON LODGING HOUSES

There is one Common Lodging House in the Urban Area. The structural and sanitary conditions of the premises are most unsatisfactory and the accommodation considerably in excess of the demand.

In view of the conditions existing thereat and the failure of the owner and keeper to maintain the premises in a reasonable state of fitness in accordance with the requirements of the local bye-laws, re-registration of the premises as a Common Lodging House should cease and steps should be taken to secure immediate closure.

SUMMARY OF THE WORK OF THE SANITARY DEPARTMENT DURING THE YEAR 1946

Inspections made under the Public Health Acts during the							
year	...	.....	...	...	...	...	508
Cases of Infectious Diseases investigated					...	...	55
Inspections of Cowsheds and Dairies	...				...	...	80
„ Bakehouses	...		...	...	...	...	51
„ Cinemas	...		...	...	...	...	26
„ Factories	...		...	...	...	...	73
„ Slaughterhouses & Slaughtering	...				...	...	310

In all, 331 Informal Notices were served, and to enforce compliance it was necessary to serve 73 Abatement Notices.

Sixty-seven Notices under Section 138 of the Public Health Act, 1936, to provide dwellings with a sufficient supply of water, were served on the owners.

RENT AND MORTGAGE INTEREST RESTRICTIONS ACTS—1920 TO 1933

15 Rent Certificates were issued during 1946

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises (1)	M/c line No. (2)	Number on Register (3)	Number of			M/c line No. (7)
			Inspections (4)	Written notices (5)	Occupiers prosecuted (6)	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	48	69	1	Nil	1
(ii) Factories not included in (i) to which Section 7 applies						
(a) Subject to the Local Authorities (Transfer of Enforcement) Order, 1938	2	38	34	Nil	Nil	2
(b) Others	3					3
(iii) Other Premises under the Act (excluding out-workers' premises)	4					4
TOTAL		86	103	1	Nil	

2. CASES IN WHICH DEFECTS WERE FOUND

Particulars	M/c line No. (2)	Number of cases in which defects were found			Number of cases in which prosecutions were instituted (7)	M/c line No. (8)
		Found (3)	Remedied (4)	Referred To H.M. Inspector (5)	By H.M. Inspector (6)	
(1)						
Want of cleanliness (S.1)	5	1	1			5
Overcrowding (S.2)	6					6
Unreasonable temperature (S.3)	7					7
Inadequate ventilation (S.4)	8					8
Ineffective drainage of floors (S.6)	9					9
Sanitary Conveniences (S.7)	10	2	No		2	10
(a) insufficient	11					11
(b) Unsuitable or defective	12					12
(c) Not separate for sexes	13					1
Other offences (not including offences relating to Homework)						
TOTAL	60	3	1		2	60
						3

3. OUTWORK (Sections 110 and 111)

NIL

MILK PRODUCTION

During the year fourteen samples of heat-treated and pasteurised milk were submitted for bacteriological analysis. Twelve, or approximately 86 per cent was found to be satisfactory.

The result of the examination of ungraded milk was not nearly so satisfactory; of the thirty-eight taken, four arrived at the Laboratory too late for a proper examination, and only eighteen, or approximately 53 per cent of remainder came up to the required standard. This figure falls far short of the suggested standard, namely, that at least 75 per cent. of total samples taken should pass the test.

The general standard of milk production in this area is low, and with a few exceptions, producers do not pay enough attention to the essential details of hygienic milk production which is so essential if a high bacterial standard is to be attained. Many farms lack a wholesome and plentiful supply of water, and proper cooling of the milk cannot be carried out.

Very few of the producers possess a sterilizing plant, without which it is almost impossible to produce milk of a high bacterial quality.

Methods of milk distribution by retailers in the Urban Area leave much to be desired.

RESULTS OF SAMPLES OF MILK TAKEN FOR THE PRESENCE OF TUBERCLE BACILLI

Sixteen samples were taken during the year and all found free from tubercle bacilli.

SUPERVISION AND INSPECTION OF FOOD

THE MILK (SPECIAL DESIGNATIONS) ORDER 1936 TO 1946

During the year the following licences were issued within the area of the Council under provisions of the above Order :—

Five Dealers Licences to sell milk as “ Pasteurised ”

One Pasteurisers Licence to sell milk as “ Pasteurised.”

Inspections of farms and dairies were regularly made throughout the year under review.

SLAUGHTERHOUSES

Slaughtering since April 1940, has been carried out at the Slaughterhouse situated at Bridgend Road, Maesteg. The slaughterhouse is under the management of the Ministry of Food.

The following table sets out the number of animals slaughtered during the year and the amount of meat condemned as unfit for human consumption :—

CARCASSES INSPECTED AND CONDEMNED.

		Cattle including Cows	Calves	Sheep & Lambs	Pigs
Number killed ...	...	976	693	6292	29
Number inspected	...	976	693	6000	29
All Diseases except Tuberculosis					
Whole carcasses condemned		—	1	11	
Carcasses of which some part or organ was condemned ...	333	—	632		
Percentage of the number inspected affected with disease other than Tuber- culosis. ...	34.1	0.14	10.5		
Tuberculosis only					
Whole carcasses condemned	7	—	—	1	
Carcasses of which some part or organ was condemned....	66	—	—		
Percentage of the number inspected affected with Tuberculosis ...	7.4			3.4	

**SUMMARY OF THE MEAT AND OTHER FOODS
CONDEMNED IN THE YEAR ENDED
DECEMBER 31st, 1946.**

<i>Description.</i>	<i>Reason for Condemnation.</i>	<i>Approximate Weight lbs.</i>
7 Bovine Carcasses	Bacterial and Parasitic Diseases	3,476
7 Part Carcasses	Bacterial and Parasitic Diseases	970
42 Bovine Heads	Tuberculosis	1,200
61 Bovine Lungs	Tuberculosis	300
3 Bovine Livers	Tuberculosis	30
1 Pig Carcase	Tuberculosis	62
1 Calf Carcase	Pyæmia	64
11 Sheep Carcasses	Parasitic Diseases and Emaciation	295
291 Bovine Livers	Parasitic and Bacterial Diseases	2,900
114 Bovine Lungs	Parasitic and Bacterial Diseases	550
Bruised Meat .....	.....	139
240 Sheep Plucks	Parasitic and Bacterial Diseases	600
632 Sheep Livers	Parasitic and Bacterial Diseases	700
		<hr/> 11,286 <hr/>
Other Foods—		
Tinned Meat	Decomposition and Blown	680
„ Milk	„ „	239
„ Fish	„ „	228
„ Jams and Fruit	„ „	128
Vegetables	„	1,614
Dried Fruit	Mould	125
Butter and Margarine.....	Rancid	70
Flour	Damp	68
Confectionery	Contaminated	40
Cheese	Mould	16
Tinned Tomatoes	Blown	558
Sausages	Decomposition	310
Wet Fish	„	350
		<hr/> 4,426 <hr/>

SLAUGHTER OF ANIMALS ACT, 1933

Eight licences were issued to slaughtermen during the year authorising them to slaughter animals under the above-mentioned Act, and the provisions of the Act regarding the humane slaughter of animals, including sheep and lambs were carried out.

THE FOOD AND DRUGS ACT 1938

Sampling under the Foods and Drugs Act is undertaken by the police, and I am indebted to Police Superintendent Richard Lyons of Bridgend, for the following summary of articles sampled under the above Act, together with the results of the analysis :—

New Milk	.....	.....	.....	.....	7
Butter	.....	.....	.....	.....	1
Turtle Soup	.....	.....	.....	.....	1
Skimmed Milk	.....	.....	.....	.....	1
Sausage Meat	.....	.....	.....	.....	1
Black Pudding	.....	.....	.....	.....	1
Margarine	.....	.....	.....	.....	1
Cheese	.....	.....	.....	.....	1
Lard	.....	.....	.....	.....	1
Total					15

Upon analysis, all samples were found to be genuine.

RODENT CONTROL

Rat destruction was vigorously pursued during the year. A complete maintenance treatment of the sewers in this area was carried out, and a low prebait take of 35 per cent. indicated that the extent of sewer infestation was very limited.

A survey of private dwellings, business premises and river banks was made by the Rodent Operative and all discovered infestations were dealt with.

The degree of surface infestation in this area is undoubtedly very low, and the result of a number of years of systematic Rodent Control, especially in sewers, is now apparent.

This is borne out by personal observation, prebaiting tests, and by the fewer complaints received at the Health Department. However, this is no reason for slackening our efforts, and continuous Rodent Control must continue to be an important feature of the work of this department.

REFUSE COLLECTION :

The usual daily refuse collection was made throughout the District during the year under review, together with a special collection of Waste Paper once a week in accordance with the Government's direction.

The existing refuse vehicles are now showing considerable signs of wear, but it is proposed to purchase some vehicles from the Ministry of Supply Depot near Salisbury, which will ease the situation of transport.

SEWAGE DISPOSAL

The existing Sewage Disposal Works, as has been reported each year, are of little value for the treatment of Sewage, and accordingly pollution of the River Llynfi still continues.

The Main Sewer is much too small for the carrying of sewage for a population of 23,000, and to aggravate the situation, parts of the Sewer have subsided due to Mining Operation, and consequently pollution of the river occurs due to the above condition causing the Sewage to overflow at the manholes.

This defect is proposed to be attended to in the immediate future. The plans etc. of the proposed new sewer and works are now being prepared, to be submitted to the Welsh Board of Health for approval.

HIGHWAYS.

Considerable roadworks were carried out during the year in the face of shortage of materials, labour, and the very inclement weather experienced. As the situation improves, road works will undoubtedly be expedited.

The following roads (unclassified) were resurfaced :—

Bridge Street, Maesteg.	Church Street, Caerau
Protheroe Street, Caerau.	

PRIVATE STREETS

The following Private Streets were made up during the year :—

- Lower Turberville Street, Maesteg.
- Golden Terrace, Maesteg
- River Street, Maesteg
- Charles Row, Maesteg
- Albert Terrace, Maesteg
- Connecting Road from Duffryn Road to
Humphreys Terrace, Caerau
- Albert Street, Caerau

Further Private Streets are proposed to be made up in the coming year.

